



Department of Environment and Conservation

Water/Wastewater Operator Certification

Application for Certificate of Competency

An original, notarized application must be filed with the Certification Office a minimum of sixty days (postmark date) prior to the examination date and must be accompanied by a \$65.00 non-refundable application fee. Applications received less than sixty days prior to an exam will be considered for the next scheduled exam. Information regarding incomplete applications must be returned in writing within ten days after receipt of request, or prior to the Board meeting (whichever comes first), or application will be denied. Copies of the original application are not acceptable.

Applicants requesting disability accommodation for the Water and Wastewater Certification Examinations must give notice to the Operator Certification Board by marking the "Disability" section on page 6 of the "Application for Certificate of Competency". The application must be completed and submitted as specified in Rule 1200-1-5-.01.

In order to process an application for certification as a water or wastewater operator, we have to ask for certain personal identify information. It is required that you submit this information under state and federal law T.C.A. §36-5-711 and 42 USC §654a. This information is for the use of the department and is not disclosed to the public.

1. Mark either "Examination" or "Reciprocity" to indicate how you want your application considered. Reciprocity applicants should indicate state, license classification, and license number.

Application for Certification by: Exam ____ Reciprocity ____ (If reciprocity) State ____ Class ____ No. ____

Do you presently hold a water or wastewater certificate in the state of Tennessee? Yes ____ No ____

2. Circle only 1 classification. A separate application must be submitted for each classification for which you are applying.

Wastewater Classifications

Biological Natural

Wastewater Treatment 1

Wastewater Treatment 2

Wastewater Treatment 3

Wastewater Treatment 4

Collection Systems 1

Collection Systems 2

Water Classifications

Small Water System

Water Treatment 1

Water Treatment 2

Water Treatment 3

Water Treatment 4

Distribution Systems 1

Distribution Systems 2

For Board Use Only

Education ____

Months of Experience

Work O.E. ____

College O.E. ____

Related O.E. ____

TOTAL ____

Recommendation ____

Reviewer ____

Date ____

Date of Exam ____

Comments ____

3. Complete all of the following personal information. All correspondence concerning your application will be sent to the address entered below.

Last Name: _____ First Name: _____ M/I: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Work Phone: (____) _____ Home Phone: (____) _____

Social Security Number: _____ Birthdate: ____/____/____

Employment County: _____ Resident County: _____

Currently Employed At: _____

Tennessee Facility I.D. Number: PWSID# _____ NPDES# _____

Check the division of the State where you wish to take the exam:

Height ____
Weight ____
Eye Color ____
Sex ____

4. A copy of your high school diploma or GED certificate must be submitted with your application unless you have one on file or are having college transcripts submitted.

Are you a high school graduate? Yes _____ No _____ Date of graduation _____

If not, do you have a GED certificate? Yes _____ No _____ Date received GED _____

5. If a college degree is required for the classification for which you are applying or if college work is being claimed as credit for experience, transcripts must be submitted directly to the Board by the college or university. If you are only using your college transcript for proof of high school education, the transcript does not have to be mailed from the school.

Have you graduated from a college or university? Yes _____ No _____

School _____ Year _____ Degree _____ Major _____

6. List courses and seminars which relate to water/wastewater operations. Proof of successful completion must be included, and course descriptions or catalogs should be attached.

School, Seminars, and Other Training in Water or Wastewater Operations

| Course | Provider | Length of course |
|--------|----------|------------------|
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Instructions for Completing Job Pages:

7. The following three pages are available for describing related job activities. Complete a job page for each related job. If you need additional pages, make copies of these pages and attach to this application. The information provided will be used to determine your qualifications to take the exam.

Begin with your present or most recent job. List NPDES or PWSID numbers for Tennessee facilities. For each facility that does not have a Tennessee I.D. number, request and complete a Supplement A/B Form.

On each job page are four checklist sections describing operating activities. Place a check mark beside each activity you performed while in that job. At the bottom of each section, list the total percent of time required to perform the activities checked. If the checklist does not adequately describe all of your duties and experience, use the blanks at the bottom of the page for additional information. The total percentage for any job page must not exceed 100%.

To reach your local
ENVIRONMENTAL ASSISTANCE CENTER
Call 1-888-891-8332
OR 1-888-891-TDEC

(Do not show more than 100% for your TOTAL activities in this job.)

TN NPDES # _____ or TN PWSID # _____ Average Number Hours Worked Per Week: _____

TOTAL % TIME SPENT IN THE ABOVE CHECKED ACTIVITIES: _____

TOTAL % TIME SPENT IN THE ABOVE CHECKED ACTIVITIES: _____

TOTAL % TIME SPENT IN THE ABOVE CHECKED ACTIVITIES: _____

TOTAL % TIME SPENT IN THE ABOVE CHECKED ACTIVITIES: _____

| % Time | List any duties not covered in the sections above. |
|--------|--|
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Job B: (For instructions, see Number 7, page 2.)(Do not show more than 100% for your TOTAL activities in this job.)Employed: From ____ To ____ Title of Your Position: ____
Mo Yr Mo Yr

Facility At Which Employed: ____ Immediate Supervisor: ____

TN NPDES # ____ or TN PWSID # ____ Average Number Hours Worked Per Week: ____

Water Treatment Operations SectionThe following activities are acceptable for water treatment plant operating experience. Please place a check mark beside each activity which you perform. List the total percentage of time which you spend performing all of the activities which you checked.

- | | |
|---|---|
| _____ Operation & maintenance (O & M) of pretreatment systems | _____ Performance of laboratory control tests |
| _____ O & M of coagulant feed systems | _____ Interpret laboratory results and make |
| _____ O & M of filtration systems | _____ adjustments to improve effluent quality |
| _____ O & M of fluoride feed systems | _____ O & M of pumps and motors |
| _____ O & M of stabilization feed systems | _____ Plant & ground maintenance |
| _____ O & M of hypochlorination and gas chlorination systems | |

TOTAL % TIME SPENT IN THE ABOVE CHECKED ACTIVITIES: ____

Distribution System Operations SectionThe following activities are acceptable for water distribution system operating experience. Please place a check mark beside each activity which you perform. List the total percentage of time which you spend performing all of the activities which you checked.

- | | |
|--|-----------------------------|
| _____ Operation & maintenance (O & M) of pumps | _____ Pipeline installation |
| _____ O & M of booster station | _____ Installation of taps |
| _____ O & M of fire hydrants | _____ Leak detection |
| _____ O & M of valves | _____ Leak repairs |
| _____ O & M of storage tanks | _____ Meter reading |
| _____ Distribution system flushing | |

TOTAL % TIME SPENT IN THE ABOVE CHECKED ACTIVITIES: ____

Wastewater Treatment Operations SectionThe following activities are acceptable for wastewater treatment plant operating experience. Please place a check mark beside each activity which you perform. List the total percentage of time which you spend performing all of the activities which you checked.

- | | |
|--|--|
| _____ Interpret process control data for plant operations | _____ Adjustment of wastewater levels or flow |
| _____ Cleaning and maintenance of preliminary treatment, such as bar screens, grit chambers, comminutors, etc. | _____ patterns through a lagoon system |
| _____ Control of solids pumping from clarifiers | _____ Control of recirculation rates to trickling filters or |
| _____ Control of scum removal in clarifiers | _____ rotating biological contactor (RBC) |
| _____ Control of return and waste sludge rates | _____ Operation of chlorine feed rates for disinfection |
| _____ Control of aeration rates | _____ Operation of digesters and/or solids |
| _____ Perform calculations and use them to operate and control plant | _____ conditioning processes |
| | _____ Perform laboratory control tests |
| | _____ Interpret lab results to improve effluent quality |

TOTAL % TIME SPENT IN THE ABOVE CHECKED ACTIVITIES: ____

Collection System Operations SectionThe following activities are acceptable for collection system operating experience. Please place a check mark beside each activity which you perform. List the total percentage of time which you spend performing all of the activities which you checked.

- | | |
|--|---------------------------------------|
| _____ Operation & maintenance (O & M) of pumps | _____ Manhole maintenance and repairs |
| _____ O & M of lift stations | _____ Leak detection |
| _____ O & M of valves | _____ Line repair |
| _____ Line installation | _____ Line cleaning |
| _____ Installation of service connections | _____ Work on t.v. crew |
| _____ O & M of lines and equipment | |

TOTAL % TIME SPENT IN THE ABOVE CHECKED ACTIVITIES: ____

| % Time | List any duties not covered in the sections above. |
|--------|--|
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Job C: (For instructions, see Number 7, page 2.)(Do not show more than 100% for your TOTAL activities in this job.)Employed: From ____ To ____ Title of Your Position: ____
Mo Yr Mo Yr

Facility At Which Employed: ____ Immediate Supervisor: ____

TN NPDES # ____ or TN PWSID # ____ Average Number Hours Worked Per Week: ____

Water Treatment Operations SectionThe following activities are acceptable for water treatment plant operating experience. Please place a check mark beside each activity which you perform. List the total percentage of time which you spend performing all of the activities which you checked.

- | | |
|--|--|
| ____ Operation & maintenance (O & M) of pretreatment systems | ____ Performance of laboratory control tests |
| ____ O & M of coagulant feed systems | ____ Interpret laboratory results and make |
| ____ O & M of filtration systems | adjustments to improve effluent quality |
| ____ O & M of fluoride feed systems | ____ O & M of pumps and motors |
| ____ O & M of stabilization feed systems | ____ Plant & ground maintenance |
| ____ O & M of hypochlorination and gas chlorination systems | |

TOTAL % TIME SPENT IN THE ABOVE CHECKED ACTIVITIES: ____

Distribution System Operations SectionThe following activities are acceptable for water distribution system operating experience. Please place a check mark beside each activity which you perform. List the total percentage of time which you spend performing all of the activities which you checked.

- | | |
|---|----------------------------|
| ____ Operation & maintenance (O & M) of pumps | ____ Pipeline installation |
| ____ O & M of booster station | ____ Installation of taps |
| ____ O & M of fire hydrants | ____ Leak detection |
| ____ O & M of valves | ____ Leak repairs |
| ____ O & M of storage tanks | ____ Meter reading |
| ____ Distribution system flushing | |

TOTAL % TIME SPENT IN THE ABOVE CHECKED ACTIVITIES: ____

Wastewater Treatment Operations SectionThe following activities are acceptable for wastewater treatment plant operating experience. Please place a check mark beside each activity which you perform. List the total percentage of time which you spend performing all of the activities which you checked.

- | | |
|--|---|
| ____ Interpret process control data for plant operations | ____ Adjustment of wastewater levels or flow |
| ____ Cleaning and maintenance of preliminary treatment, | patterns through a lagoon system |
| such as bar screens, grit chambers, comminutors, etc. | ____ Control of recirculation rates to trickling filters or |
| ____ Control of solids pumping from clarifiers | rotating biological contactor (RBC) |
| ____ Control of scum removal in clarifiers | ____ Operation of chlorine feed rates for disinfection |
| ____ Control of return and waste sludge rates | ____ Operation of digesters and/or solids |
| ____ Control of aeration rates | conditioning processes |
| ____ Perform calculations and use them to operate and | ____ Perform laboratory control tests |
| control plant | ____ Interpret lab results to improve effluent quality |

TOTAL % TIME SPENT IN THE ABOVE CHECKED ACTIVITIES: ____

Collection System Operations SectionThe following activities are acceptable for collection system operating experience. Please place a check mark beside each activity which you perform. List the total percentage of time which you spend performing all of the activities which you checked.

- | | |
|---|--------------------------------------|
| ____ Operation & maintenance (O & M) of pumps | ____ Manhole maintenance and repairs |
| ____ O & M of lift stations | ____ Leak detection |
| ____ O & M of valves | ____ Line repair |
| ____ Line installation | ____ Line cleaning |
| ____ Installation of service connections | ____ Work on t.v. crew |
| ____ O & M of lines and equipment | |

TOTAL % TIME SPENT IN THE ABOVE CHECKED ACTIVITIES: ____

| % Time | List any duties not covered in the sections above. |
|--------|--|
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Additional Information or Comments (You may attach additional pages.)

8. Attach check or money order for \$ 65.00 application fee, made payable to Treasurer, State of Tennessee, and mail to the address listed below. Application cannot be reviewed without receipt of proper fee amount. All application fees are non-refundable. Please note: ***Applications cannot be faxed.***

Have you attached your check or money order for \$ 65.00? Yes _____ No _____
Have you attached proof of H.S. education or equivalent? Yes _____ No _____
If applicable, have you requested that your college transcript be sent to the Certification Board?
Yes _____ No _____
If applicable, have you attached proof of attendance at related schools or course work?
Yes _____ No _____

Make check or money order payable to Treasurer, State of Tennessee.
Mail application, all supporting documentation, and check/money order for \$ 65.00 to:

Operator Certification Board
Julian R. Fleming Training Center
2022 Blanton Drive
Murfreesboro, TN 37129
(615) 898-8090

9. Application must be signed, dated, and notarized. By signing, applicant verifies that all information supplied on this application is correct to the best of his/her knowledge.

I certify that the information submitted is correct to the best of my knowledge.

Date of Application

Signature of applicant

Sworn and subscribed before me this _____ day of _____.

Notary Public

My commission expires _____

NOTARY SEAL

Disability: Applicants with disabilities which affect their ability to participate in a regular written examination may be eligible for an alternative examination and/or assistance or accommodation. Applicants deemed as unable to participate in regular written examination procedure may substitute another examination method or receive assistance or accommodation. To receive information call: (615) 898-8090 or check the box below.

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Please mail information on alternative examinations, assistance and accommodations.